International Petroleum Corporation 505 South Market Street Wilmington, DE 19801

TELEPHONE 302-421-9306 FACSIMILE

302-421-9099

February 28th, 2014

US EPA Region 3 Attn: Regional Administrator 1610 Arch Street Philadelphia, PA 19103-2029

RE:

Annual Hazardous Waste Report-CY2013 International Petroleum Corp. of Delaware

To whom it may concern,

Attached you will find the 2013 hazardous waste report for International Petroleum Corporation of Delaware (EPA ID: DED 984 073 692. Should you have any questions regarding this report, please contact the Wilmington branch at 302-409-8996.

Regards,

Justin Burd

FOI The	MPLETED RM TO: Appropriate te or Regional	United States RCRA SUBTIT	s Environmental Protection Agency LE C SITE IDENTIFICATION FORM	Section 1							
1.	Reason for Submittal	Reason for Submittal: To provide an Initial Notificatio for this location)	on (first time submitting site identification information / to obta	iin an EPA ID number							
В	MARK ALL OX(ES) THAT APPLY	 □ To provide a Subsequent Noti □ As a component of a First RCI □ As a component of a Revised ■ As a component of the Hazard 	fication (to update site identification information for this locati RA Hazardous Waste Part A Permit Application RCRA Hazardous Waste Part A Permit Application (Amendr dous Waste Report (If marked, see sub-bullet below)	ment #)							
		Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)									
2.	Site EPA ID Number	EPA ID Number DED9									
3.	Site Name	Name: IPC of Delaware		,,							
4.	Site Location Information	Street Address: 505 S. Market Street	et								
		City, Town, or Village: Wilmington	County: New Castle								
		State: DE	Country: USA	Zip Code: 19801							
5.	Site Land Type	Private County Distr	rict	tate Other							
6.	NAICS Code(s) for the Site (at least 5-digit	A. 4 2 3 9	3 0 C.								
	codes)	B. 5 - 6 2 9	2 0 D.								
7.	Site Mailing	Street or P.O. Box: 505 S. Market St	treet								
	Address	City, Town, or Village: Wilmington	Wilmington								
		State: DE	Country: USA	Zip Code: 19801							
8.	Site Contact	First Name: Glenn	MI: Last: Anderson								
	Person	Title: Branch Manager	·								
		Street or P.O. Box: 505 S. Market St	treet								
		City, Town or Village: Wilmington									
		State: DE	Country: USA	Zip Code: 19801							
		Email: glen.anderson@fccenvironm	nental.com								
		Phone: 302-421-9306	Ext.:	Fax:							
9.	Legal Owner and Operator		C Environmental - 7/1/2010	Date Became Owner: FCC Environmental - 7/1/2010							
	of the Site	Owner Type: Private County	District Federal Tribal Municipal	State Other							
		Street or P.O. Box: 523 N Sam House									
•		City, Town, or Village: Houston		Phone: 281-668-3300							
		State: TX		Zip Code: 77060							
		B. Name of Site's Operator: PC		Date Became Operator: 1/1/92							
		Operator Private County	District Federal Tribal Municipal	State Other							

EPA ID Number D E D 9 8 4 0 7 3 6 9 2	OMB#: 2050-0024; Expires 12/31/2014					
10. Type of Regulated Waste Activity (at your site) Mark "Yes" or "No" for all current activities (as of the date submitting the	e form); complete any additional boxes as instructed.					
A. Hazardous Waste Activities; Complete all parts 1-10.						
Y N 1. Generator of Hazardous Waste If "Yes", mark only one of the following – a, b, or c.	Y N S. Transporter of Hazardous Waste If "Yes", mark all that apply.					
Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.	 ✓ a. Transporter b. Transfer Facility (at your site) Y N ✓ 6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these activities. Y N ✓ 7. Recycler of Hazardous Waste 					
b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste. c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.	Y N 3. Exempt Boiler and/or Industrial Furnace If "Yes", mark all that apply. a. Small Quantity On-site Burner					
If "Yes" above, indicate other generator activities in 2-4. Y N O Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.	Exemption b. Smelting, Melting, and Refining Furnace Exemption					
Y N ✓ 3. United States Importer of Hazardous Waste	Y N ✓ 9. Underground Injection Control					
Y N 4. Mixed Waste (hazardous and radioactive) Generator	Y N ✓ 10. Receives Hazardous Waste from Off-site					
B. Universal Waste Activities; Complete all parts 1-2.	C. Used Oil Activities; Complete all parts 1-4.					
Y N I 1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.	Y N 1. Used Oil Transporter If "Yes", mark all that apply. a. Transporter b. Transfer Facility (at your site)					
a. Batteries b. Pesticides c. Mercury containing equipment d. Lamps e. Other (specify) f. Other (specify) g. Other (specify) Y \ N \ \ 2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.	Y N 2. Used Oil Processor and/or Re-refiner If "Yes", mark all that apply. a. Processor b. Re-refiner Y N 3. Off-Specification Used Oil Burner 4. Used Oil Fuel Marketer If "Yes", mark all that apply. a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner b. Marketer Who First Claims the Used					
	Oil Meets the Specifications					

EPA ID Number	DED9	8 4 0 7 3	6 9 2	,	OMB#: 2050-0024	; Expires 12/31/2014
	lemic Entities with L lant to 40 CFR Part		cation for opting in	to or withdrawing fi	rom managing labor	atory hazardous
• •	n ONLY Opt into Sub	-	-			£
agre	are at least one of the ement with a college lege or university; AN	or university; or a no	or university; a teac n-profit research inst	hing hospital that is o itute that is owned by	owned by or has a form y or has a formal affilia	nal affiliation ation agreement with
			e if 40 CFR Part 262	Subpart K is effective	e in your state	
Y	pting into or currently ee the item-by-item	operating under 40 instructions for def	CFR Part 262 Subpa	art K for the managen eligible academic e	nent of hazardous wa ntities. Mark all tha	stes in laboratories t apply:
a	. College or Univer	sity				,
		_		•	nent with a college o	
c	. Non-profit Institut	te that is owned by	or has a formal writ	ten affiliation agree	ment with a college	or university
Y∏ N∏ 2. W	/ithdrawing from 40 C	CFR Part 262 Subpar	t K for the managem	ent of hazardous was	stes in laboratories	
11. Description of	of Hazardous Waste	1			,	
A. Waste Codes your site. Lis spaces are no	t them in the order th	lated Hazardous Wa ey are presented in t	astes. Please list the he regulations (e.g.,	e waste codes of the D001, D003, F007, U	Federal hazardous w J112). Use an additio	astes handled at nal page if more
D001	D002	D039	F001	F002		
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B. Waste Codes hazardous was spaces are n	astes handled at you	d (i.e., non-Federal) r site. List them in th	Hazardous Wastes e order they are pres	s. Please list the was sented in the regulation	te codes of the State- ons. Use an additiona	Regulated al page if more
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12. Notification of Hazardous Sec	ondary Material (HSM) Activity	
Y N Are you notifying under secondary material un	er 40 CFR 260.42 that you will begin managing, are rider 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24	nanaging, or will stop managing hazardous), or (25)?
lf "Ýes", you must fill c Material.	out the Addendum to the Site Identification Form: Not	fication for Managing Hazardous Secondary
13. Comments	· · · · · · · · · · · · · · · · · · ·	
		<u></u>
 		<u>:</u>
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accordance with a system design on my inquiry of the person or prinformation submitted is, to the penalties for submitting false in	enalty of law that this document and all attachments of the sasure that qualified personnel properly gathers one who manage the system, or those persons dispest of my knowledge and belief, true, accurate, and formation, including the possibility of fines and imprist Application, all owner(s) and operator(s) must sign	er and evaluate the information submitted. Based irectly responsible for gathering the information, the complete. I am aware that there are significant onment for knowing violations. For the RCRA
Signature of legal owner, operato authorized representative	r, or an Name and Official Title (type or p	int) Date Signed (mm/dd/yyyy)
· · · · · · · · · · · · · · · · · · ·	Justin Burd	02/28/2013
	EH&S Manager	
	3	

D E D 9 8 4 0 7 3 6 9 2

EPA ID Number

OMB#: 2050-0024; Expires 12/31/2014

	BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER: IPC of Delaware						U.S. ENVIRONMENTAL PROTECTION AGENCY																
SITE NA	ME:	IPC d	of De	ela	wai	е					***************************************							-	011		70	_140	
		505 8	S. M	ark	et	Stre	eet								. (;	201	13 H	aza	rdo	us V	Vas	te Re	eport
EPA ID N	Numbe	er D	E D	9	8	4 0	7	3	6 9	2				FORI				Folke				TIOI	
Sec. 1	A. W	aste descri	iption: \	Nas	ste l	Petr	oleı	um [Distill	ate	s (Is	sopa	ar E	Еуу	sol	D80) FI	uid) 3	, 11	RQ	(D	001)
B. EPA hazardous waste code(s) C. D 0 0 1						c.	C. State hazardous waste code(s)																
					L					-1							1			1			
D. Sour	rce coo	de					E. F	orm co	ode	F. (Quanti	ty gen	erate	ed in 20	13				(aste		
G	2 2]					w	2 0	0 0	L	0 0	0 0	0 0	0 7	2	0.	0			m	ınımı	zatior	n code
Manage	ement I	Method cod	de for S	Source	e cod	e G25				U	JOM										l		
		11								D	ensity	1		ШΙ	1	☑ lbs	/gal	Пsa					
	<u> </u>	ON-SI	SKIP T		-	/STEI	M 1							ON-S	SITE	PROC	ESS	SYS	STE	W 2			
On-site I	Manag	jement		Qua	ntity 1		d, disp	oosed, 2013	or		On-site Management Quantity treated, disposed, or Method code recycled on site in 2013												
[H]								2 L			[H]										1	1	J.L.J
Sec. 3	A. Wa	as any of th Yes (CONTI	NUE	TO IT	EM B		013 for	r treatm	nent,	dispos	sal, or	recy	cling?									
Site 1	В. Е	PA ID No.	of facili	ty to	which	waste	e was	shipp	ed					agemen		D. To	otal q	uant	tity s	hippe	ed in	2013	
	N	J D	0	7	1 [5 2	9	9	7	6	Met		ode s	shipped	to	0	0	0 0	0 0	0 0	7	2	0
Site 2	В. Е	PA ID No.	of facili	ty to	which	waste	e was	shipp	ed					agemen shipped		D. To	otal q	uant	tity s	hippe	ed in	2013	
	Ш	Ш		1	JL		L				iviet			Прред	to	Ц	1				Ш		لــالــ
Site 3	В. Е	PA ID No.	of facili	ty to	which	waste	e was	shipp	ed					agemen		D. To	otal q	uan	tity s	hipp	ed in	2013	
	Ш							الــ		Method code shipped to						لــالــ							
Commen	nts:																						

OR ENTER:	DPYING FORM, ATTACH SITE IDEN	TIFICATION LABE	L			RONMENTAL					
SITE NAME:	IPC of Delaware				PROTECT	TON AGENCY					
	505 S. Market Stre	eet			2013 Hazardo	ous Waste Report					
EPA ID Num	ber D E D 9 8 4 0	7 3 6 9	2	GM FORM		SENERATION NAGEMENT					
Sec. 1 A.	A. Waste description: UN 1992 Waste Flammable Liquids, Toxic n.o.s. 3(6.1), II										
B. EPA haz	cardous waste code(s)	1	C. State hazardou	s waste code	e(s)						
D O	0 1										
F 0	0 2										
D. Source of	code	E. Form code	Quantity genera	ted in 2013		G. Waste minimization code					
G 2	2	w 2 0 0	0 0 0 0	0 0 0 3	0.0	111111111241011 0040					
Managemer	nt Method code for Source code G25		UOM								
			Density		☑ lbs/gal □ sg						
Was any of this waste that was generated at this facility treated, disposed, and/or recycled on site? Pes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) No (SKIP TO SEC. 3)											
	ON-SITE PROCESS SYSTEM	11		ON-SITE	PROCESS SYSTE	M 2					
On-site Man Method o	agement Quantity treated	, disposed, or	On-site Manag	gement	PROCESS SYSTE Quantity treated, or recycled on site	disposed, or					
	agement Quantity treated	, disposed, or		gement	Quantity treated, o	disposed, or					
Method o	agement Quantity treated	i, disposed, or ite in 2013	Method coo	gement de	Quantity treated, o	disposed, or					
Method o	Agement Quantity treated recycled on si	, disposed, or ite in 2013	Method coo	gement de cycling?	Quantity treated, o	disposed, or in 2013					
Sec. 3 A. V	Aggement Quantity treated recycled on significant waste shipped off site Yes (CONTINUE TO ITEM B) No (FORM IS COMPLETE)	in 2013 for treatme	Method cod	gement de cycling?	Quantity treated, crecycled on site	disposed, or in 2013					
Sec. 3 A. V	Agement Quantity treated recycled on significant recycled recycled on significant recycled re	in 2013 for treatments was shipped	Method code H	eycling? nagement shipped to hagement	Quantity treated, crecycled on site	shipped in 2013					
Sec. 3 A. V	Agement Quantity treated recycled on significant recycled recycled on significant recycled recyc	in 2013 for treatments was shipped	Method code H	eycling? nagement shipped to nagement	Quantity treated, or recycled on site	shipped in 2013					
Sec. 3 A. V Site 1 B. Site 2 B.	Agement Quantity treated recycled on significant recycled recycled on significant recycled recyc	in 2013 for treatment was shipped ye was shipped ye was shipped ye was shipped	Method code H	eycling? nagement shipped to hagement shipped to hagement	Quantity treated, or recycled on site	shipped in 2013					
Sec. 3 A. V Site 1 B. Site 2 B.	Agement Quantity treated recycled on significant recyc	in 2013 for treatment was shipped ye was shipped ye was shipped ye was shipped	Method code H	eycling? nagement shipped to hagement shipped to hagement	Quantity treated, or recycled on site D. Total quantity O O O O D. Total quantity	shipped in 2013					
Sec. 3 A. V Site 1 B. Site 2 B.	Agement Quantity treated recycled on significant recyc	in 2013 for treatment was shipped ye was shipped ye was shipped ye was shipped	Method code H	eycling? nagement shipped to hagement shipped to hagement	Quantity treated, or recycled on site D. Total quantity O O O O D. Total quantity	shipped in 2013					

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABE OR ENTER:	U.S. ENVIRONMENTAL PROTECTION AGENCY					
SITE NAME: IPC of Delaware						
505 S. Market Street	2013 Hazardous Waste Report					
EPA ID Number	GM FORM WASTE GENERATION AND MANAGEMENT					
Sec. 1 A. Waste description: NA 3082 Hazardous W	aste Liquid n.o.s (Tetrachloroethylene) 9 PGII					
B. EPA hazardous waste code(s)	C. State hazardous waste code(s)					
D 0 3 9						
F O O 1						
D. Source code E. Form code	F. Quantity generated in 2013 G. Waste					
	minimization code 0 0 0 0 0 0 3 2 7 0					
Management Method code for Source code G25	UOM					
	Density ☑ lbs/gal □ sg					
■ Yes (CONTINUE TO ON-SITE PROCESS SYS □ No (SKIP TO SEC. 3) ON-SITE PROCESS SYSTEM 1	ON-SITE PROCESS SYSTEM 2					
	On-site Management Quantity treated, disposed, or Method code recycled on site in 2013					
On-site Management Quantity treated, disposed, or recycled on site in 2013						
Method code recycled on site in 2013	Method code recycled on site in 2013					
Method code recycled on site in 2013 H	Method code recycled on site in 2013 H					
Method code recycled on site in 2013 H	Method code recycled on site in 2013 H					
Method code recycled on site in 2013 H	Method code recycled on site in 2013 H					
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Method code recycled on site in 2013 H	Method code recycled on site in 2013 H					
Method code recycled on site in 2013 H	Method code recycled on site in 2013 H					

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LAE OR ENTER:	U.S. ENVIRONWENTAL									
IPC of Delaware	PROTECTION AGENCY									
505 S. Market Street	2013 Hazardous Waste Report									
EPA ID Number D E D 9 8 4 0 7 3 6 9	GM FORM WASTE GENERATION AND MANAGEMENT									
A. Waste description: UN 2924 Waste Flammable Liquids, Corrosive n.o.s. 3(9), II										
B. EPA hazardous waste code(s) D 0 0 1	C. State hazardous waste code(s)									
[D 0 0 2]										
D. Source code E. Form code	F. Quantity generated in 2013 G. Waste minimization code									
[G 2 2 2 W 2 0 0										
Management Method code for Source code G25	UOM L									
	Density ☑ lbs/gal □ sg									
Sec. 2 Was any of this waste that was generated at this facility to the second of the	STEM 1)									
	ON-SITE PROCESS SYSTEM 2									
On-site Management Quantity treated, disposed, or Method code recycled on site in 2013	On-site Management Quantity treated, disposed, or Method code recycled on site in 2013									
н										
Sec. 3 A. Was any of this waste shipped off site in 2013 for treatr Yes (CONTINUE TO ITEM B) No (FORM IS COMPLETE)	nent, disposal, or recycling?									
Site 1 B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to D. Total quantity shipped in 2013									
T X D 0 0 0 8 3 8 8 9										
Site 2 B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to D. Total quantity shipped in 2013									
Site 3 B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to D. Total quantity shipped in 2013									
	Method code shipped to									
Comments:										

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:		U.S. ENVIRONMENTAL PROTECTION AGENCY						
SITE NAME: IPC of Delaware			THOTEOTION ACENOT					
505 S. Market Street			2013 Hazardous Waste Report					
EPA ID Number D E D 9 8 4 0 7 3 6 9 2	2	OI FORM	OFF-SITE IDENTIFICATION					
A. EPA ID number of off-site installation or transporter N J D 0 0 2 4 5 4 5 4 4	B. Name of off-site Veolia ES Te							
C. Handler type (MARK ALL THAT APPLY) Generator Transporter Receiving facility	D. Address of off-si Street 125 Factory City Middlesex State N J							
A. EPA ID number of off-site installation or transporter N J D 0 0 7 1 6 2 9 9 7	B. Name of off-site SJ Transpo							
C. Handler type (MARK ALL THAT APPLY) Generator Transporter Receiving facility	D. Address of off-site installation Street N/A City State Zip Zip							
A. EPA ID number of off-site installation or transporter N J D 0 8 0 6 3 1 3 6 9	B. Name of off-site installation or transporter Veolia ES Technical Solutions							
C. Handler type (MARK ALL THAT APPLY) Generator Transporter Receiving facility	D. Address of off-site installation Street N/A City State Zip							
A. EPA ID number of off-site installation or transporter T X D 0 0 0 8 3 8 8 9 6	B. Name of off-site Veolia ES To							
C. Handler type (MARK ALL THAT APPLY) ☐ Generator ☐ Transporter ☐ Receiving facility	D. Address of off-site installation Street Hwy 73 3.5 mi west of Taylors bayou City Port Arthur State T X Zip 7 7 6 4 0 -							
Comments:								

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:		U.S. ENVIRONMENTAL PROTECTION AGENCY						
SITE NAME: IPC of Delaware			TROTEGRION AGENCT					
505 S. Market Street		42	2013 Hazardous Waste Report					
EPA ID Number D E D 9 8 4 0 7 3 6 9	2	OI FORM	OFF-SITE IDENTIFICATION					
Site ** 5 A. EPA ID number of off-site installation or transporter N J R 0 0 0 0 4 0 6 6 7	B. Name of off-site in Monarch Env							
C. Handler type (MARK ALL THAT APPLY) Generator Transporter Receiving facility	D. Address of off-site Street N/A City State	e installation						
Site 2 6 A. EPA ID number of off-site installation or transporter	B. Name of off-site in		or transporter					
C. Handler type (MARK ALL THAT APPLY) Generator Transporter Receiving facility	D. Address of off-site installation Street 217 S First St City Elizabeth State N J Zip 0 7 2 0 6 -							
A. EPA ID number of off-site installation or transporter N J 0 0 5 4 1 2 6 1 6 2	B. Name of off-site installation or transporter Freehold Cartage							
C. Handler type (MARK ALL THAT APPLY) Generator Transporter Receiving facility	D. Address of off-site Street N/A City State	e installation	n					
Site 4 A. EPA ID number of off-site installation or transporter	B. Name of off-site in	nstallation o	or transporter					
C. Handler type (MARK ALL THAT APPLY) Generator Transporter Receiving facility	D. Address of off-site Street City State	e installatio	n 					
Comments:								

7934 HILLIAM Form Approved. OMB No. 2050-0039 Please print or type. (Form designed for use on elite (12-pitch) typewriter.) 1. Generator ID Number 2. Page 1 of 3. Emergency Response Phone INFORM HAZARDOUS 000661306 WASTE HANIFEST /877\ 818-0087 DED 9 8 4 8 7 3 6 9 2 erator's Site Aristress (Figifierent than mailing actoress) 5. Generator's Name and Malling Address international petroleum corp. 505 South Market Str Wilmington, de (1980) INTERNATIONAL PETROLEUM CORP. OF DELAWARE 505 SOUTH MARKET STREET WILMINGTON, DE 19801 Generator's Prione: 303 421-4306 U.S. EPAID Number 6. Transporter 1 Company Name NJD080631369 veolia es technical solutions U.S. EPAID Number 7. Transporter 2 Company Name NUTDO71629976 S.J. TLANSPORTATION 8. Deelgnated Facility Name and Sha Address U.S. EPA®D Number a es technical solutions 135 FACTORY LANE MIDDLESEX NJ 08846 N 1 D 0 0 1 4 5 4 5 4 4 Facility's Phonex 7722 489-5106 10, Containers 11. Total 12. Unit 9b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, 13. Waste Codes W No. Quantity and Packing Group (F arry)) Туро нн DOOL imlige, waste prteoleum distillates, u.s., (1900ah e bixsol dog fluid), 1 il RQ (D001) 340 р Ί DM 14. Special Handling Instructions and Additional Information ER Service Contracted by VESTS - 1 100% ISOPAR & OIL 15. GENERATOR'S OFFERCR'S CERTIFICATION: Thereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, semential in wortened a Centification. Interpret and the consistence of the consistence are the disconsistence and expensively remainded and labeled placehold, and are in all respects in proper condition for interpret according to applicable intermediated and substantial proper and a substantial and it is primary interpretability that the contents of this consistence conform to the same of the attached EPA Acknowledgment of Consent.

I certify that the westernial interpretabilities in 40 CFR 252.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is the. vereion's Offeron's Printed Typed Name Pater out, i he Export from U.S. Post of entrylarite ___limport to U.S. Date leaving U.S.: Transporter signature (for exports only): 17. Transporter Admonfedgment of Receipt of Malorials Day Transporter 1 Printed Typed Name Transporter 2 Printed Typed 10/201 dwa 18. Discressnov Туре Full Rejection 18a. Discrepancy Indication Space Residue Partial Rejection Marifest Reference Number: U.S. EPA IO Number 18b, Alternate Facility (or Generator) Facility's Phone: ionin Day Ysar 18c. Signature of Attention Facility (or Generator) 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 20. Designated Farally Owner or Operator: Correspond in receipt of hexamicus restorals covered by the managest except as noted in Item 18a Signature Day Printed Typed Nema EPA Form 8700-22 (Rev. 3-05)/Previous/editions are obsolete ESTINATION STATE (IF REQUIRED)

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Form Approved, OMB No. 2050-0039 Please print or type. (Form designed for use on alite (12-pitch) typewriter.) UNIFORM HAZARDOUS 1. Genutator ID Number . Hanifest Tracking Number 2. Page 1 of | 3. Emergency Response Phone 000661 WASTE MANIFEST (877) 818-6087 DED984673692 Generator's Sile Address (If different than mailing address) 5. Generator's Name and Mailing Address International Petroleum Corp. 505 South Market Str INTERNATIONAL PETROLEUM CORP. OF DELAWARE SOS SOUTH MARKET STREET WILMINGTON, DE 19801 WILMINGTON, DE 19801 Generator's Phone: 302 421-9306 U.S. EPAIO Number 8. Transporter 1 Company Name N J D D B D S 3 1 3 6 9 VEOLIA ES TECHNICAL SOLUTIONS U.S. EPA10 Number 7. Transporter 2 Company Name NJDOSYNLK U.S. EPA ID Number VEOLIA ES TECHNICAL SOLUTIONS HIGHWAY 73 3.5 MILES W. OF TAYLOR'S BAYOU PORT ARTHUR, TX 77648 7 X D O O O O S S S G O Foolity's Phone: . 409 736-282) 10. Containers 14 Total 12. Unit 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 13. Weste Codes 9a. ያለ እና Quantity Туре No. and Packing Group (if any)) SHA F002 D039 UN1992, WASTE FLAMMABLE LIQUIDS, TOXIC, n.o.s., 3 (x.1), II 39 ₽ DONL OUTSBALK DF ì 14. Special Handling Instructions and Additional Information ER Service Contracted by VESTS 4- 1) PLC GENERATOR'S OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are described, packaged. SEMENALLY SOUTTEAUTES VERTITION FOR THE EXCHANGE THAT WE COMERS OF THE CONTINUE OF THE PRINCIPLE OF THE CONTINUE OF THE PRINCIPLE OF THE PRINC Day Year Ceneralor's Offeror's Printed Typed Norma 16. International Shipments ___ Export from U.S. Pert of coursest: Date leaving U.S. Transporter signaluro (for exports cray): 17. Transporter Acknowledgment of Receipt of Materials Transporter | Printed Typed Name Transporter 2 Printed Typed Name 02 01 18, Descrepancy... Full Reposition Partial Rejection Residue 18a. Discrepancy Indication Space Cuantity Type Manifest Reference Number: U.S. EPAID Number 185. Alternate Facility (or Generator) Facility's Phone: Marith Day 18c. Signature of Alternate Facility (or Generator) 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 20. Designated Facility Owner or Operator: Certification of secrept of hexardous materials covered by the manifest except as noted in them 189 d Typed Name OM. ean Onei ITY TO DESTINATION STATE (IF REQUIRED) EPA Form 8700-22 (Rev. 3-05) Previous ecilions are obsolete. DESIGNATED FACIL

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Form Approved, OMB No. 2050-0039 Please print of type. (Form designed for use on elite (12-pitch) typewriter.) 1. Generator ID Number 4. Manifest Tracking Number 2. Page 1 of 3. Emergency Response Phone UNIFORM HAZARDOUS WASTE MANIFEST (877) 893-2087 DED984973592 Generator's Site Address (if different than mailing address) 5. Generator's Name and Mailing Address INTERNATIONAL PETROLEUM CORP. DITERMATIONAL PETROLEUM CORP. OF DELAWARE 505 SOUTH MARKET STR 505 SOUTH MARKET STREET WILLINGTON, DE. 19801 WILLERSTON, DE 19201 Generator's Phone: 🚟 U.S. EPA ID Number 6. Transporter 1 Company Name NIDOTOGBISS vecija es technical sulutions U.S. EPA ID Number 7. Transporter 2 Company Name U.S. EPA ID Númbei 8. Designated Facility Name and Site A HICHWAY 73 MARIED W CE TAYLOWERAYOR FORT ANTHUR THE 77840 TEDODOTABET 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 11 Total 12. Unit 9a. 13. Waste Codes and Packing Group (if any)) Quantity Wt./Vol. ΗМ No. : Type THEFT WASTESLAMMAN ELICITED CORROSIVE LOGI 3.0 14 non For I Ţ, 13 E 3000X Cursult: 14. Special Handling Instructions and Additional Information GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. Export from U.S. Import to U.S. Port of entry/exit: Date leaving U.S. Transporter signature (for exports only): 17. Transporter Acknowledgment of Receipt of Materials Month Transporter 1 Printed/Typed Name Signature DE WITHOUSE A 4 18. Discrepancy 18a: Discrepancy Indication Space : Partial Rejection Full Rejection U.S. EPA ID Number 18b. Alternate Facility (or Generator) Facility's Phone: Month 18c. Signature of Alternate Facility (or Generator) Day, 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name Day Year